



Board of Pharmacy  
PO Box 1099  
Olympia WA 98507-1099  
(360) 236-4830

Fee \$75.00

## APPLICATION FOR ITINERANT VENDOR OR PEDDLER

NAME OF COMPANY		
NAME OF OWNER		
ADDRESS		
CITY	STATE	ZIP
TELEPHONE (     )	VEHICLE LICENSE NUMBER	

**List the names of the drugs that you plan to distribute.**

1.	7.	13.
2.	8.	14.
3.	9.	15.
4.	10.	16.
5.	11.	17.
6.	12.	18.

Have you ever been found of a drug, controlled substance or moral turpitude violation? ☐ Yes ☐ No

If yes, please explain below in detail giving the circumstances, places and dates. (If additional space is needed please continue on back.)

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I \_\_\_\_\_, being first duly sworn upon oath, depose and say;  
that the answers to the foregoing questions and the statements made in the above application are true and correct.

\_\_\_\_\_  
SIGNATURE OF APPLICANT

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

Notary Signature \_\_\_\_\_

**SEAL**

For the state of \_\_\_\_\_

Residing at \_\_\_\_\_

My Commission Expires \_\_\_\_\_